

ICMJE DISCLOSURE FORM

Date: 17 JANUARY 2022
 Your Name: ANESSIA SPANOLO
 Manuscript Title: THE TREATMENT OF MANAGED NSCLC HARBORING KRAS MUTATION:
 Manuscript number (if known): A NEW CLASS OF DRUGS FOR AN OLD TARGET.

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 17 JANUARY 2022
 Your Name: PAOLO NAJONE
 Manuscript Title: THE TREATMENT OF ADVANCED NSCLC HARBORING KRAS MUTATION:
 Manuscript number (if known): A NEW CLASS OF DRUGS FOR AN OLD TARGET.

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4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	HONORARIA FOR EDUCATIONAL EVENTS
			ASTRA ZENECA - MERCK - BRISTOL -
			BOEHRINGER - MERCK
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 17 JANUARY 2022
 Your Name: CESARE CRIBELLI
 Manuscript Title: THE TREATMENT OF ADVANCED NSCLC/HARBORING RAS
 Manuscript number (if known): MUTATION: A NEW CLASS OF DRUGS FOR AN OLD TARGET.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None
4	Consulting fees	None MENARDINI GO ME

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None ASIRA ZEM-CA, Roche, MSD, BAYER, NOVARTIS,
6	Payment for expert testimony	<input checked="" type="checkbox"/> None
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Roche, MSD, BMS, TAKEDA, KARYOPHARM, NOVARTIS, AMGEN, BOEHRINGER, ELI LILLY, BAYER, GSK } TOUMAR
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	<input checked="" type="checkbox"/> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None
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